	PROFORMA OF A	PPLICATION F	OR THE POS	T OF "TRA	NSLATOR"		
1. Full	l Name of the applicar (In Hindi)	nt :			Affix self		
(BL	OCK Letters in English	ו) :			attested recent passport size		
2. Fat	her's/Husband's Name	5			photograph		
	(In Hindi)	:					
	OCK Letters in English						
3. Dat	te of Birth (In English	in Words) :					
	(In English	in figure) :					
4. Age	e as on 01/01/2023						
		Y	- <u> </u>	D			
5. Sex	(-						
(me	ention code 1 for Male	e 2 for Female &	3 for Third Ge	ender)			
6. Whether, resident of Chhattisgarh - Yes / No (If yes, enclose the attested copy of resident							
(It	ves, enclose the attes	ted conv of resid	lent				
· ·	yes, enclose the attes tificate issued by the o						
cer	, ,	competent autho					
cer	tificate issued by the o	competent autho	rity.)	Year of passing	Div./%/Aggri.		
čer 7. Edu S.	tificate issued by the output of the output	competent autho	rity.)		Div./%/Aggri.		
čer 7. Edu S. No.	tificate issued by the output of the output	competent autho	rity.)		Div./%/Aggri.		
cer 7. Edu S. No. 1.	tificate issued by the output of the output	competent autho	rity.)		Div./%/Aggri.		
cer 7. Edu S. No. 1. 2.	tificate issued by the output of the output	competent autho	rity.)		Div./%/Aggri.		
cer 7. Edu S. No. 1. 2. 3.	tificate issued by the output of the output	competent autho	rity.)		Div./%/Aggri.		
cer 7. Edu S. No. 1. 2. 3. 4.	tificate issued by the output of the output	competent autho	rity.)		Div./%/Aggri.		
cer 7. Edu S. No. 1. 2. 3. 4. 5.	tificate issued by the output of the output	competent autho	rity.)		Div./%/Aggri.		
cer 7. Edu S. No. 1. 2. 3. 4. 5. 6. 7. 8. Exp	tificate issued by the output of the output	competent autho : Board/ Ur	rity.)		Div./%/Aggri.		
cer 7. Edu S. No. 1. 2. 3. 4. 5. 6. 7. 8. Exp	tificate issued by the output of the output	competent autho : Board/ Ur	rity.)		Div./%/Aggri.		
cer 7. Edu S. No. 1. 2. 3. 4. 5. 6. 7. 8. Exp [If	tificate issued by the output of the output	competent autho : Board/ Ur Board/ Ur Yes/ No (s)]	rity.) hiversity	passing			
cer 7. Edu S. No. 1. 2. 3. 4. 5. 6. 7. 8. Exp [If	tificate issued by the output of the output	Sompetent autho	rity.)	passing	Div./%/Aggri.		
cer 7. Edu S. No. 1. 2. 3. 4. 5. 6. 7. 8. Exp [If 9. Wh (In ca	tificate issued by the output of the output	Competent autho Board/ Ur Board/ Ur Yes/ No (s)] hichever is applic ST lose the attested	able)	passing	INRESERVED		

10. Postal address	·			
	<u>.</u>			
	·			
11. Permanent address	<u>.</u>			
	·			
	:			
12. E-mail	·			
13. Whether, Physically Disabled				
If Yes, mention type and percentage of Disability :				
(Attach certificate issued by compe				
14. Whether, the candidate is serving	in : Yes / No			
govt./semi govt. organization				
(If yes, application must be sent through proper channel or accompanied by No Objection Certificate of the department				
concerned, issued after publication	•			
15. List of enclosures :-	,			
4 5				

(Signature of Applicant)

DECLARATION

I, the above-named applicant, do here declare that the statements made in this application are true, complete and correct to the best of my personal knowledge and belief and that I have not suppressed any material fact. If at any time, either during the course of recruitment or after joining services, it is discovered that any of the information furnished is incorrect or any material fact was suppressed, my candidature shall be liable to be rejected/ services shall be liable to be terminated, as the case may be.

(Signature of Applicant)

Place:	
Date:	